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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
CUDIFCT.		ANSPORTILLC		
SUBJECT:		Name of Lim	ited Liability Company	
The anglesse	d Articlae of	Amendment and fee(s) are sub	mittad for filing	
			_	
Please return	rall correspo	ondence concerning this matter	to the following:	
		Sohail I. Ahmed		
			Name of Person	 :
		XENC TRANSPORT LLC		
			Firm/Company	
		12432 Blacksmith Dr. Apt	202	
			Address	
		Orlando, Florida, 32837		
			City/State and Zip Code	
		SohailImtiaz@hotmail.com		
		E-mail address: ()	to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please co	ill:	
Sohailimtiaz	.@hotmail.co	om/SOHAIL AHALE	407 686-4499	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	i check for th	ne following amount:		
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address:	
	gistration S	section orporations	Registration Se Division of Co	
	7181011 01 C). Box 632	-	The Centre of	-
	lahassee. I			pe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	ANSPORT LLC		
SUBJECT:	Name of Lin	nited Liability Company	
Division of Corporations XLNC TRANSPORT LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sobail L Ahmed			
Please return all correspo	ondence concerning this matter	to the following:	
	Sohail I. Ahmed		
		Name of Person	
	Solail I. Ahmed Solail I. Ahmed Name of Person		
	12432 Blacksmith Dr. Apt	202	
		Address	
	Sobail L Ahmed Sobail L Ahmed Name of Person XLNC TRANSPORT LLC Firm/Company 12432 Blacksmith Dr. Apr 202 Address Orlando, Florida, 32837 City/State and Zip Code SobailImitiaz@botmail.com E-moil address: (to be used for future annual report notification) arther information concerning this matter, please call: dimitiaz@botmail.com Name of Person Name of Person Aca Code Obytime Telephone Number Soed is a check for the following amount: 225.00 Filing Fee Solo Siting Fee Certificate of Status Certificate of Status Name of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Sobail Concerning this matter, please and the post motification of the plant of th		
		City/State and Zip Code	
			
			ncation)
Sohailimtiaz@hotmail.ed	MI SOHASL I. AHME	2 407 686-4499	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
Registration 9 Division of C P.O. Box 632	Section Torporations 17	Registration Sec Division of Cor The Centre of T	porations allahassee
rananassee, i	(1, J4J T		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

XLNC TRANSPORT LLC

2021 DEC 27 AM 6: 27

	uted Lability Company	(487 Ur S 14):
(, , , , , , , , , , , , , , , , , , ,	ompany as it now appears on our reforms: ited Liability Company) TALL AH	ASSEE, Person
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/21/2021	and assigned
lorida document number 1.21000415984		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:		
••		
• •		
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered off	ice address on our records, enter the	name of the new regi
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered off	ice address on our records, enter the	name of the new regi
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new regi
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered off	ice address on our records, <u>enter the</u>	name of the new regi
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered off gent and/or the new registered office address here:		name of the new regi
	Tice address on our records, enter the Enter Florida street address	name of the new regi

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	Sohail I. Ahmed		□Add
		12432 Blacksmith Dr. Apt 202	■Remove
			□ Change
AMBR	Sohail I. Ahmed	12432 Blacksmith Dr. Apt 202	Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			
			□Remove

If amending any other infor	nation, enter change(s) here: (Atta	ich additional sheets, if necessary.)	
			
			
Effective date, if other than t (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applicable state	(optional) f filing or more than 90 days after filing.) Pursua utory filing requirements, this date will no	ant to 605,0207 (3 of be listed as th
he record specifies a delayed effec ord is filed.	tive date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th	day after the
Dated 12/17/2021	12:00 pm		
	Signature of a member or authorized rep	are contained a promber	
	organical or a memor typaunion/eu rep	resemble of a memoer	
Sohail I. Ahmed	Typed or printed name c		

Filing Fee: \$25.00